

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002641

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

238

Primary Registration District No.

5823

Registrar's No.

8

FILED FEB 4 1963

1. PLACE OF DEATH

a. COUNTY

New Madrid

b. CITY (If outside corporate limits, give TOWNSHIP only)

Big Prairie

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

W. Va.

b. COUNTY

Monongalia

c. CITY

OR TOWN

Morgantown

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

None

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

R. 7 Box 326

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Arley

Middle

Yancey

Last

Gregory

4. DATE OF DEATH

Month

Jan

Day

29

Year

63

5. SEX

M

6. COLOR OR RACE

W

7. Married ☐

Never Married ☐

Widowed ☐

Divorced ☐

8. DATE OF BIRTH

11/3/34

9. AGE (last birthday)

28

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

La bor

10b. KIND OF BUSINESS OR INDUSTRY

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11. BIRTHPLACE (City and state or country)

Upshur Co. W. Va.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Dana Gregory

13b. MOTHER'S MAIDEN NAME

Geneva Heater

14. NAME OF HUSBAND OR WIFE

Susie Hines

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

Yes

(If yes, give war or dates of service)

Korea

17. INFORMANT

Address

Marshall, Mo.

D. A. Gregory 1621 S. Grand

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Shot in head about 1 inch above left ear

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

came out about 3 inches above and back of right ear. shot by a pistol.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

☒

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Shot with gun.

20c. TIME OF INJURY

3:30

Hour

1/29/63

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Highway No. 60

20f. CITY, TOWN, OR LOCATION

About 3 M S.W. of Sikeston

COUNTY

New Madrid,

STATE

Mo.

21. I attended the deceased from

About 2:30 A. M.

to

and last saw her alive on

Death occurred at on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dr. H. H. Hedgcock

22b. ADDRESS

New Madrid Mo.

22c. DATE SIGNED

1/30/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

1/31/63

23c. NAME OF CEMETERY OR CREMATORY

Grafton

23d. LOCATION (City, town, or county)

Grafton

W. Va.

24. FUNERAL DIRECTOR

ADDRESS

Richards Funeral Home, Inc;

25. DATE RECD. BY LOCAL REG.

1/30/63

26. REGISTRAR'S SIGNATURE

Jay Hedgcock

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300

Rev. 4/59

10720

28470

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